Performance Evaluation of National Rural Health Mission:
A Study of Himachal Pradesh

A Synopsis

Submitted to Himachal Pradesh University in partial fulfillment of the requirement for the degree of

Doctor of Philosophy
in
Public Administration

Supervised By:

Dr. S.S. Chauhan
Chairman,
Department of Public Administration

Submitted by:

Hem Raj Sharma
Associate Professor

Department of Public Administration
Himachal Pradesh University,
Summer Hill Shimla-171005
November 2012

Introduction

Health is one of the most important factors affecting man's welfare, his productivity and hence national progress. Low labour productivity generally stems from malnutrition, low standard of health, illiteracy, disease and medical facilities. Health conditions determine mortality and fertility and hence quantitative aspects of population*. Health care is one of the most important interventions in the process of Economic and Social development and improved quality of life of the Citizens. The Government of India after experimentation of various programmes to improve the quality of Health and improved nutrition, sanitation, hygiene & safe drinking water has launched the National Rural Health Mission (NRHM) on 1st April, 2005. The main objective of the Mission is to carry out necessary architectural correction in the basic health care delivery system. It aims at provision of comprehensive and integrated Primary Health care to the people, especially to the rural poor, women & Children. It also aims at mainstreaming of the Indian system of medicine to facilitate health care. The plan of action includes increasing public expenditure on health, reducing regional imbalance in health infrastructure, pulling resources, integration of organizational structures, optimization of health man power, decentralization and district management of health programmes, community participation and ownership of assets, induction of management and financial personal into the district health system and operationalising community health centres into functional hospitals meeting Indian Public health standards in each health centre of the Country. It is beyond any doubt that the wealth of a country is judged by the health of its people. Worldwide, nations are seeking viable answers to the questions of how to offer a health care system, which leads to universal access to health care for their citizens. Providing healthy living conditions and quality health services to its citizens is a challenge for central and various state governments in India. National Rural Health Mission was launched to address all these core issues. However the country's policy towards health has been traditionally identified by the provision of primary healthcare as the states responsibility. The policy also encouraged the

establishment of a countrywide, state run primary care infrastructure. The role of the central government has been mainly limited to family welfare programmes and design of disease control programmes. Health is a state subject as enshrined in the Indian Constitution and National Rural Health Mission is an effort at building a partnership with the states to ensure meaningful reforms with more resources. State Governments largerly comply with the Indian structure of rural health care system consisting of community health centres, primary health centres and sub centres for rural health care.

The Rationale of NRHM

The total physical infrastructure present at state level is not sufficient to meet its requirements. Moreover there exists, a large disparity in the availability of health care infrastructure and workforce between the urban and rural areas. 84% of percent of hospitals in India are located in urban areas, which only account for roughly 35% of population(Ravi Duggal,1995). Nearly, 75% of allopathic doctors are positioned in urban areas. In the states of India ,the availability of the recognized medical practitioners in rural areas is only 27 per lakh population whereas in the urban areas it is 155 per lakh population. The uneven distribution of medical professionals in the country has affected the health delivery system in the rural areas. If the infant mortality rate and maternal mortality rates (IMR and MMR) can be considered as the most sensitive indicators of the health of the society, then the Indian statistics in this regard are really alarming. Around 2.2million infants die every year. National Health Policy formulated in 1983 set a target to reduce the infant mortality rate to less than 60 per 1000 live births; however this target is yet to be achieved. Health Policy framed in the year 2000 aimed further to reduce MMR to less than 200 per 100,000 live births. The target is yet to be achieved. According to UNDP reports, on an average 407 mothers in India die due to pregnancy related causes, for every 100,000 live births. The mission attempts to achieve the goals of weak health indicators and infrastructural development through a set of core strategies which includes enhancement in Budgetary Outlays for Public Health from 0.9% of GDP

to 2-3% of GDP, decentralized district health planning and management, appointment of accredited social health activist(ASHA), to facilitate access to health services, strengthening of public health delivery infrastructure particularly at village, primary and secondary levels, up-gradation of public health facilities to Indian Public Health Standards, reduction of Infant and Maternal Mortality rate through Janani Suraksha Yojna and participation and empowerment of community through Panchayati Raj Institutions and formation of village health and sanitation committees.

National Rural Health Mission Framework

The National Rural Health Mission was launched by Hon'ble Prime Minister of India on 12th of April 2005.The mission seeks to focus on 18 states, which have weak public health infrastructure and Weak health indicators. These States are Himachal Pradesh, Arunachal Pradesh, Assam, Bihar, Chhatishgarh, Jharklhand, Jammu & Kashmir, Manipur, Mizoram, Meghalaya, Madhya Pradesh, Nagaland, Orissa, Rajasthan, Sikkim, Tripura, Uttaranchal & West Bengal. The expected National Outcomes from the Mission are (i) Reduction of Infant Mortality Rate (IMR) to 30 per thousand live births, (ii) Reduction of Maternal Mortality Rate (MMR) to 100 per 100,000 live births, (iii) Reduction of Total Fertility Rate (TFR) to 2.1 all by 2012. (iv) Reduction of Malaria Mortality Rate of 50 % to 2010 and additional 10% by 2012 , (v) Upgradation of all Community Health Centres to Indian Public Health Standards, (vi) Increase of the bed occupancy Rate of First referral units from less than 20% of referred cases to over 75 %, (vii) Engagement of female Accredited Social Health Activist (ASHA).

The Mission list say a set of course strategies to meet its goals like decentralized village and district level health planning and management, appointment of female ASHA to facilitate access to health services. The Mission attempts a major shift in the governance of Public health by giving leadership to Panchayati Raj Institutions in matters related to health at district and Panchayat levels. One of the most noted strategies of the Misison is decentralisation of the

programme for district level management of health. Under the Scheme all existing societies for health and family welfare programmes, reproductive and child health and national programmes for TB, Malaria, blindness, filaria, Kala-azar, Iodine deficiency and integrated disease surveillance, integrate into a unified district health mission. Funding for all these programmes is eventually funneled into the district health mission, which is empowered to formulate integrated health plan of the district. One of the core strategies of the Mission is to empower local Governments to manage, control and be accountable for Public health services at various levels.

The Objectives of the Mission

The objectives of the mission are:

1. Reduction in child and maternal mortality
2. Universal access to public services for food and nutrition, sanitation and hygiene and universal access to public health care services with emphasis on services addressing women's and children's health and universal immunization
3. Prevention and control of communicable and non-communicable diseases, including locally endemic diseases.
4. Access to integrated comprehensive primary health care.
5. Population stabilization, gender and demographic balance.
6. Revitalize local health traditions & mainstream AYUSH.
7. Promotion of healthy life styles.

Panchayat have provided oversight of Mission's all activities at the village level and will be responsible for developing the village health plan with the support of auxiliary nurse midwife, ASHA, anganwari worker & self help groups. Block level Panchayat Samitis will coordinate the work of the Gram Panchayats in their jurisdiction and serve as a link to the district health mission which is led by

Zila Parishad to control, guide and manage all public health institutions in the districts.

Himachal Pradesh Demographic Profile

Himachal Pradesh is a hilly state. There are 12 districts in the state. The total population of the state, according to 2011 census* is 68,56,509 with a density of population of 123 . Out of the total population, the number of males and females are 34,73,892 and 338217 respectively, which means the number of females per 1000 males is 974. The child sex ratio as per flash statistics is 906 whereas it was 957 in 2001. The decline is pronounced in 0-6 year's age group. The total percentage of rural population is 89.96% of the total population residing in inhabited villages. Female sex ratio in rural areas is 988 whereas the child sex ratio is 909. The state has the highest percentage of rural population among all the State's of the country.

NRHM In Himachal Pradesh

The state has been included among the 18 states of the country for the implementation of National Rural Health Mission in the country on the basis of having poor health facilities and poor health indicators. The programme is being implemented in all the districts in the state in order to improve health delivery system and health indicators under NRHM. The programme is going on in the state for the last 7 years and has completed one cycle, which requires comprehensive evaluation. The state is predominantly a hilly state having difficult geographical terrain where creating health infrastructure and providing health facilities is a challenge. There are variations in area and population of the districts and density of population varies from district to district and from one Panchayat to other, as people lives in small villages.sub villages, hamlets and habitations which are located in far flung places in hilly and tribal areas of the state. Density is also influenced by climatic conditions and geographical terrain. Himachal Pradesh has also completed the first cycle of the mission and now the state has been clubbed with North Eastern States and Jammu and Kashmir for

granting funds to the states on the funding sharing pattern of 90:10 between centre and states. NRHM has to play a very stellar role in improving health infrastructure and health delivery system in a state like Himachal Pradesh where almost 90% of the population live in rural areas. There are 2071 health sub centres, 452 PHC's,23 civil dispensaries (including ESI.),73 CHC's,52 Hospitals, two Medical Colleges, two Ayurvedic Colleges and one Dental College catering to the health needs of the people in the state.

Review of Literature

It is quite essential that a beginner should acquaint himself with the whole of available literature, before he embarks upon the field of investigation. The thorough grasp of existing literature is an essential pre-requisite for the researcher. Some of the books and articles on public health are being reviewed in the preceding pages.

Maheshwari and Bhat (2004) (1), examine the revival strategy of a hospital which is a division of commercial house and challenge with tough time. The case study is endowed with interesting insights of reviving corporate hospitals in tough time. The study can be useful in context of the Government hospitals too as the assertion of the study is that Government hospitals have resemblance with the corporate hospitals dedicated to its employees. It is claimed in the study that similar to dedicated corporate hospitals, the Government facilities are required to provide free care for highly subsidized care to its users which largely depend on the financial allocations from Government. Both dedicated corporate hospital and the Government facilities depends upon budget allocation , which subsequently depend on good financial health of the commercial house and good fiscal position of Government respectively.

Dilip Mavalankar, K.V. Ramani, Jane Shaw (2004) (2), described some threats of management of reproductive health programmes in India. It is stated in the study that reasons behind the failure of management of reproductive health services are both complicated and multi-faceted and therefore, not possible to be

successfully addressed through health system reform. Hence, it is imperative to identify which failure in service is attributable to specific causes, which could be altered by reform in the normal reform procedure of the health system. In this paper, it has been suggested to ascertain concrete steps to expedite the reforms in the health system to enable the improvement of reproductive health services in India.

Purendra Prasad (2000)(3) depicted the image of health care related problems of the rural poor in Gujarat. The study shows that most rural poor have problems in accessing health care services not because they lack trust on bio medicine as is commonly perceived but because of the failure of the State to figure out the social spaces in health care facilities. The corresponding findings of the leptospirosis epidemic in Gujarat show that quick supply of drugs, opening of special wards in the hospitals , increased allocation of equipment, doctors, health workers, during the 1997-99 epidemic was less significant to save lives.

Rumani K.V., Dileep Mavalankar (2005) (4) describe the status of Indian health system from a separate vista. The study indentified that the critical areas of management concerns in Indian health care system are mainly non availability of staff, weak referral system, poor service delivery, financial shortfalls and lack of accountability of quality of care.

Sucha Singh Gill, Ranjit Singh Ghuman (2005) (5) identified the need for prioritizing rural health care particularly from the preventive aspect. According to the study in the State policy by allocating additional investments for sanitary infrastructure and medical personal in rural areas is essential for redressing the growing disparity in health care facilities between rural and urban Punjab. The study shows that the rural health is low down in the priority list of Punjab. It has been mentioned in the Study that the successive Governments have made no concerted effort to rejuvenate the health sector in the rural areas, resulting in fall down of health Services and poor health of the people. This is perhaps because rural society is unorganized. The study concludes that to improve the health

services in the rural areas, the village community (through Panchayati Raj Institutions) needs to be involved in the supervision and functioning of the whole system to make it accountable to the users. However, the study does not provide any analytical insight regarding how to execute.

Objectives of the Study

The present study is selected with a view to achieve and highlight the following specific objectives:

1. To examine the existing status of NRHM activities in the selected areas in the state.
2. To determine different performance indicators depending upon the envisioned goals of the programme and underlying specifics of hilly regions.
3. To assess the nature, extent and reasons of deviation from the standard performance criteria.
4 To assess the fund flow mechanism and its utilization at all levels
5 To suggest policy measures for effective implementation of NRHM in the state.

Hypotheses

Following main hypotheses can be formulated for the proposed research Study that:

The National Rural Health Mission in Himachal Pradesh is meeting effectively the performance indicators as are assessed, anticipated and advocated for welfare of rural community in the state.

The main hypothesis can further lead to following sub hypothesis as:

1. National Rural Health Mission is being implemented in true letter and spirit in the state

2. The National Rural Health Mission has the potential and mandate as per need and priorities of the rural inhabitants of the state.
3. There is general awareness amongst the people about different facilities and opportunities available for them.
4. The community at large is the beneficiary of National Rural Health Mission and its aspirations in the state.

Methodology

The nature of study is such that it requires both primary as well as secondary data. In order to achieve the objectives of the study secondary data pertaining to selected District Hospitals, Community Health Centres, Public Health Centres, Sub Centres and household beneficiaries will be collected with the help of pre tested questionnaire on the basis of stratified random sampling. The present empirical study deals with evaluation of performance of National Rural Health Mission in Himachal Pradesh. Document method will be used in this study as documentary sources enable the researcher to get background knowledge of the problem to be investigated. It reveals what has been done in a specific field. It also provides an insight in to further orientation to the problem coupled with its solution and information of every kind relating to research problem may be obtained from documents.

Selection of Sample

The present study entitled, Performance Evaluation of National Rural Health Mission- A case study of Himachal Pradesh" is the study to be undertaken to judge the outcomes of the mission from 2005 to 2012 in the light of the mission goals, strategies and parameters formulated for effective implementation.

The study intends to evaluate the performance of the mission in two districts namely Shimla and Solan districts. Shimla being capital and headquarter

of the mission as policies are executed and monitored from the mission Directorate and Solan is selected as the representative of other districts and being industrial hub. The sampling design of each district envisages selection of each district hospital, one Community Health Centre, Two Public Health Centres with one each in selected CHC's, 3 Sub centres with one each under selected PHC's and 4 villages with one each under selected sub-centres on random sampling basis. Beneficiary households will be selected on the basis of record maintained in centres and who have been benefited by the mission. The study will contain a sample size of 300 beneficiaries and officials from both the districts.

Analysis of data

With the help of pre tested questionnaire the required information will be collected from the respondents in the selected health institutions in Himachal Pradesh. The data collected with the help of personal interview method and questionnaire will be classified in homogeneous categories. The results will be calculated with the help of suitable statistical techniques like chi square test, t-test, standard of variation, co-relation, co-efficient, and regression may be used for the analysis of data depending upon its nature and quality in order to assess the performance, functioning and availability of health care facilities of the selected health centers under National Rural Health Mission in the state. The period to be covered in the study ranges from 2005 to 2012.

Tentative Chapterization

The Scheme of the chapters is as follows:

1) Introduction
2) National Rural Health Mission Framework.
3) Organizational Structure
4) Performance Evaluation: Theoretical Framework.
5) Result and discussion
6) Conclusions, suggestions and Policy Recommendations.

References

[1] Ali Mansoor Mission Links in Indian Planning, Life and Light Publishers, 1979,p.179.

[2] Maheshwari Sunil Kumar, Bhat Ramesh: "Challenges in Sustaining a Hopital: Lessons for Managing Healthcare Institutions": Working paper No. 2004-02-03, February 2004: downloaded from iimad.ernet.in on 20-05-04.

[3] Mavalankar Dileep, Ramani K.V. Shaw Jane: "Management of RH Services in India and the Need for Health System Reform"; Paper presented at the Conference "Making the Link: Sexual-Reproductive Health and Health System." Leeds, UK. 8-11 September, 2003.

[4] Bhat Ramesh and Saha Somen: "Union Budget 2004-05 and the Health Sector"; July, 2004 : downloaded from iimad.ernet.in on 20-05-05.

[5] Prasad Purendra: "Healthcare access and marginalized social spaces: Leptospirosis in South Gujarat"; Economic and Political Weekly October 7, 2000

[6] Ramani K.V., Mavalankar Dileep: Health System in India: Opportunities and Challenges for Improvements, Indian Institute of Management , Ahmedabad working paper series 2005

[7] NRHM framework for implementation 2005-12 MOHFW, GOI, Nirman Bhawan, New Delhi.

[8] Gill Sucha Singh, Ghuman Ranjit Singh: "Rural Health; Proactive Role for the state";Economic and Political weekly December 16, 2000.

[9] Draft Annual Plan 2011-12 Planning Department Government of Himachal Pradesh, relevant pages and data.

[10] Registrar General of India, Census Report on flash statistics 2011.

[11]A Study on Effectiveness of NRHM in terms of Reach and Social Marketing initiatives in Rural India: By S. Mukharjee.

List of Important Abbreviations

ANM	Auxiliary Nurse and Midwife
ASHA	Accredited Social Health Activist
AWW	Angandwadi Worker
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy
BPL	Below Poverty Line
CHC	Community Health Centre
CMO	Chief Medical Officer
DLHS-3	District Level Household and Facility Survey, 2007-08
DMHO	District Medical Health Office
EAG	Empowered Action Group
GDP	Gross Domestic Product
GOI	Government of India
IMR	Infant Mortality Rate
IPHS	Indian Public Health Standards
JSY	Janani Suraksha Yojana
MBBS	Bachelor of Medicine and Bachelor of Surgery
MMR	Maternal Mortality Rate
MO	Medical Officer
MoHFW	Ministry of Health and Family Welfare

MoU	Memorandum of Understanding
NFHS-3	National Family Health Survey, 2005-06
NRHM	National Rural Health Mission
OBC	Other Backward Caste
OPD	Out Patient Department
PHC	Primary Health Centre
PPP	Public Private Partnership
PRI	Panchayati Raj Institution
RCH	Reproductive and Child Health
RKS	Rogi Kalyan Samiti
RTI / STI	Reproductive Tract Infection/Sexually Transmitted Infection
SC/ ST	Scheduled Caste / Tribe
TFR	Total Fertility Rate
VHSC	Village Health and Sanitation Committee

BIBLIOGRAPHY

1. Ali Mansoor : Mission Links in Indian Planning, Life and Light Publishers
2. Mirdal Gunar : Asian Drama, Penguin Books Ltd. , England
3. Goel S.L. : Health Care Administration, Lavels and Aspects, Sterling Publishers, New Delhi
4. Sharma S.K. : Development Administration in India
5. Seal S.C. : Health Administration in India, Dawn Books , Calcutta
6. Singh, Swinder : Development Administration in India, New Academic in Publishing Company, Jallandhar

Reports and Articles

1. Administrative report of department of Health , Himachal Pradesh from 2005 to 2012
2. Status report of National Rural Health Mission , Himachal Pradesh, 2005-2012
3. Human Development reports 2005-2012
4. NFHS (1, 2 & 3)
5. National Rural Health Mission document (Framework, Ministry of Health, Govt. of India)
6. 5-year Plan documents by Planning Commission from 1st to 11th Plan
7. Indian Institute of Public Administration, Organization of Govt. of India , Somaiya Publications, New Delhi
8. Maheshwari Sunil Kumar, Bhat Ramesh "Challenges in Sustaining a Hospital-Lessons for managing Healthcare Institutions" Working paper No. 2004-02-03, February, 2004
9. Mavalankar Dileep, Ramani K.V. Shaw Jane, "management of RH Services in India and the need for Health system reforms" Leeds , UK

10. Ramani K.V., Mavalankar " Health system in India-Opportunities and Challenges for improvements, Indian Institute of Management , Ahmedabad working paper series 2005
11. Banerjee Abhijit, Deaton Angus, Duflo Esther " Health care delivery in Rural Rajasthan Economic and Political weekly, February 28, 2004.

12 Planning Commission studies on National Rural Health Mission.